U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CARE	FULLY BEFORE PREPARING THIS REPORT.
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- ac	
1. File Number 4 2-800	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Stephen T Myers, Jr.	Name Teamsters Local Union No. 769
	- Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
7. 5. 554, 5. 654, 1. 654, 1. 644, 1.	
Street 8350 NW 7th Ave.	Street 8350 NW 7th Ave.
City Miami	City Miami
State Florida ZIP Code + 4 33150-279	
State Fiorita	99 State Florida ZIP Code + 4 33150-2799
Business Representative Enter appropriate data below If, during the past fiscal year, you or your	r spouse or minor child directly or indirectly had any of the following interests
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the	exclusions set forth in the instructions): h, or derived income or other economic benefit of
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	exclusions set forth in the instructions): h, or derived income or other economic benefit of
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Name of Person Filing Stephen Myers, Jr.	File Number U- 2888
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or r indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name N/A Trade Name, if any: N/A P.O. Box, Bldg., Room No., if any N/A Street N/A City N/A State ZIP Code + 4 N/A	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,
Name N/A Trade Name, if any: N/A P.O. Box, Bldg., Room No., if any N/A	N/A
Street N/A	11.b. Approximate dollar value of such dealing.
City N/A	12.a. Nature of interest held or income received.
State ZIP Code + 4 N/A	N/A
	12.b. Amount.
C. Received from any employer (other than an employer covered u or from any labor relations consultant to an employer any payment of mo	Inder parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name N/A	
Trade Name, if any: N/A	
P.O. Box, Bldg., Room No., if any N/A	
Street N/A City N/A	
State ZIP Code + 4 N/A	

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant